## 2001 UNIFORM BUSINESS REPORT (URR)

| <b>DOCU</b> 1. Entity Name   | MENT # <sub>M64952</sub>  |   |   | •  | · Files  | 4              |   |
|--|---|---|---|--|--|----------------|---|
| RTP AS   | SOCIATES, INC.  | , •   | •   |  | * AEGAE IVUA   | rsh<br>A       | le .  |
| Principal Place of Business Mailing Address  |   |   |   |  | OIMAY-8 P  | M 3: I         | 41  |
| 2655 Le Jeune Road<br>PH-1D  |   | 2655 Le Jeune<br>PH-1D  | Roa   | d  |  |                |   |
| 1  | Gables, Florida 33134   |   | Flo   | rida 33134   |  |                |   |
| 2. Principal P   | Place of Business   | 3. Mailing Address  |   | -  |  |                |   |
| Suite, Apt.  | # etc.  | Suite, Apt. #, etc.   |   |  | APPROPRIED HIS ELA   | ce Z           | DUI   |
| City & State   |   | City & State  |   |  | 4. FEI Number 59–2878103   | <b>—</b>       | plied For<br>t Applicable                     |
| Zip  | Country   | Zip   | Coun  | try  |  | .75 Add        |   |
|  | 6. Name and Address of Current I  | Registered Agent  |   |  | 7. Name and Address of New Registered Age  | nt             | ·   |
| <u> </u>   | <u> </u>  |   |   | -Name  |  |                |   |
| Reynolds, Pamela J.  |   |   |   | Henry M. Knoblock  |  |                |   |
| Gables International Plaza   |   |   |   | Street Address (P.O. Box Number is Not Acceptable) 7901 S.W. 67 Avenue   |  |                |   |
|  | e Jeune Road, Penthou   | se 1D   |   |  |  |                |   |
| Coral Gables, Florida 33134  |   |   |   | Suite 20   | )3   |                |   |
|  |   |   |   | City<br><b>Miami</b>   | FL   | Zip Code       | Ì   |
|  |   |   |   |  |  | JJ + T         | <u>,                                     </u> |
| 8. The above   | named entity submits this statement for   | the purpose of changing its i   | gistere   | ed office or registere   | ed agent, or both, in the State of Florida.  |                |   |
|  |   | 1 they  |   |  | 1. 9 201   |                |   |
| SIGNATURE .  |   |   |   |  | Der 7, 2001  |                |   |
| <del></del>  | Signature, typed or printed name of registered agent a  | nd title if applicable. (NOTE   | feg stered  | d Agent signature required   | when reinstating) DATE   |                |   |
| 9. This corpo  | pration is eligible to satisfy its Intangible   | FILE NOW!   | FEE   | IS \$150.00  | 40 Flatin Canada Financia  |                | •   |
|  | equirement and elects to do so.   | After MAY 1, 200  | 3- 45-  | 2.4  | 10. Election Campaign Financing Trust Fund Contribution.   |                | May Be<br>to Fees                             |
| (See criter  | ria on back)  | Make Check Payabl   | to De   | partment of Stat   | e **   | Yadea          | 101663  |
| 11.  | OFFICERS AND I  | DIRECTORS   | 12.   |  | ADDITIONS/CHANGES TO OFFICERS AND DIF  | RECTORS        | S IN 11                                       |
| TITLE  | PSD   | Delete  | THILE   |  |  | Change         | Addition                                      |
| NAME   | Tenneson, Patrice A   |   | NAME  |  | _  | -              |   |
| STREET ADDRESS   | 2655 Le Jeune Road,   |   | STRE  | ET ADDRESS   |  |                |   |
| CITY-ST-ZIP  | Coral Gables, Flori   |   | CITY  | -ST-ZIP  |  |                |   |
| TITLE  | ST  | ☐ Delete  | TITLE   |  |  | Change         | Addition                                      |
| NAME   | Emmett, Wallace A.  | □ Beite   | NAME  |  | _  | =              | _   |
| STREET ADDRESS   | 2655 Le Jeune Road,   | pu_1p   | STREE   | ET ADDRESS .   | <b>5000042189</b><br>-05/16/01010  |                | 717   |
| CITY-ST-ZIP  | Coral Gables, Florid  |   | CITY-   | ST-ZIP   | -US/10/UIU10<br>*****81,25 *   |                | 311<br>311                                    |
| THILE  | Coral Gables, Florid  | Delete □  | TITLE   |  |  | Change         | Addition                                      |
| NAME   | •   | . Delete  | NAME  | f  | لسا . سينه سمين يسد .  | Onlange        | r.bantion                                     |
| STREET ADDRESS   |   |   |   |  |  |                |   |
|  |   | ~ .   | STREE   | ET ADDRESS   | · · · · · · · -  |                |   |
| CITY-ST-ZIP  |   | ₩.  |   | ET ADDRESS<br>ST-ZIP   | · · · · · · · · · · · · · · · · · · ·  |                |   |
|  |   | □ Delete  | CITY-   | ST-ZIP   |  | Change         | - Addition                                    |
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| TITLE  NAME  STREEI ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STHEET ADDRESS  CITY-ST-ZIP  13. I hereby c indicated of the corr                           | on this report or supplemental report is to<br>ocration or the receiver or trustee empoy<br>or on an attachment with an address, wi | ☐ Delete ☐ Delete ☐ Delete  this filling does not qualify for true and accurate and that my vered to execute this report as | CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- | ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  Inpution stated in Secure shall have the seed by Chapter 607, | ction 119.07(3)(i), Florida Statutes. I further certify the dame legal effect as if made under oath; that I am a | Change  Change | Addition  Addition  Addition                  |